

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90088 032 \*\*\*150.00

0208742

DOCUMENT # P00000098028

1. Entity Name

ALLEN NEMETH, INC.

Principal Place of Business

3900 NW 79TH AVE SUITE 326  
MIAMI FL 33166

Mailing Address

3900 NW 79TH AVE SUITE 326  
MIAMI FL 33166

00040010

2. Principal Place of Business

~~3900 NW 79TH AVE SUITE 326~~

Suite, Apt. #, etc.

3. Mailing Address

~~3900 NW 79TH AVE SUITE 326~~ 2104 W. River Dr.

Suite, Apt. #, etc.

City & State ~~MIAMI FL~~ Margate FL

Zip ~~33166~~ 33063

Country

City & State ~~MIAMI FL~~ Margate FL

Zip ~~33166~~ 33063

Country

4. FEI Number

65-1047546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CERRO, RAQUEL  
3900 NW 79TH AVE SUITE 326  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name Allen Nemeth

Street Address (P.O. Box Number is Not Acceptable)

~~3900 NW 79TH AVE SUITE 326~~ 2104 W. River Dr.

City ~~MIAMI~~ Margate FL

Zip Code ~~33166~~ 33063

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Allen S. Nemeth, Jr.* 3/5/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CERRO, RAQUEL	
STREET ADDRESS	3900 NW 79TH AVE SUITE 326	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allen Nemeth	
STREET ADDRESS	<del>3900 NW 79TH AVE SUITE 326</del> 2104 W. River Dr.	
CITY-ST-ZIP	<del>MIAMI FL 33166</del> Margate FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Allen S. Nemeth, Jr.* 3/5/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)